PROFIT CORPORATION * ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90019 041 ***150.00

1. Corporation	VACATIONS, INC.	023031				
Principal Place	e of Business	Mailing Address		i (fillifit lift illet illet i fallt gant gant genn genn genn genn genn	11111 42192 (1121 1151 1151	
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				3. Date Incorporated or Qualified	106	
ļ	• * .			03/13/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 420		28 420 EB	TON ST.	65-0734233	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			8.75 Additional	
22	many managers of the contract	27		. Condition to Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be 🚽	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Intangil		
24	. : 25	293	0	T Grownian Troperty Teats	Yes No	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Age	nt	
81 Name.					_ \	
	AN, DONNA		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
	ATLANTIC BLVD #409			1/0 -12/11/	` <u> </u>	
KEY	WEST FL 33040		83	10-0-0	-	
1			24 67. 4	- 8	5 7in Code	
į.			84 City	in which the	33040	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corposition submits this statement for the purpose of changing its registered						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: